

ourselves up, dusted ourselves off, and begun again the work of remaking America. We've laid a new foundation. A brighter future is ours to write. This Budget will help us begin this new chapter together.

BARACK OBAMA.
THE WHITE HOUSE, February 2, 2015.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 2 o'clock and 27 minutes p.m.), the House stood in recess.

□ 1704

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 5 o'clock and 4 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

MEDICAL PREPAREDNESS ALLOWABLE USE ACT

Mr. CARTER of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 361) to amend the Homeland Security Act of 2002 to codify authority under existing grant guidance authorizing use of Urban Area Security Initiative and State Homeland Security Grant Program funding for enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 361

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Medical Preparedness Allowable Use Act".

SEC. 2. USE OF CERTAIN HOMELAND SECURITY GRANT FUNDS FOR ENHANCING MEDICAL PREPAREDNESS, MEDICAL SURGE CAPACITY, AND MASS PROPHYLAXIS CAPABILITIES.

Section 2008 of the Homeland Security Act of 2002 (6 U.S.C. 609) is amended—

(1) in subsection (a), by redesignating paragraphs (10) through (13) as paragraphs (11) through (14), respectively, and by inserting after paragraph (9) the following:

“(10) enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities, including the development and maintenance of an initial pharmaceutical stockpile, including medical kits,

and diagnostics sufficient to protect first responders, their families, immediate victims, and vulnerable populations from a chemical or biological event;” and

(2) in subsection (b)(3)(B), by striking “(a)(10)” and inserting “(a)(11)”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. CARTER) and the gentleman from New Jersey (Mr. PAYNE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. CARTER of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include any extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. CARTER of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 361, the Medical Preparedness Allowable Use Act, introduced by my colleague and the former chairman of the Committee on Homeland Security's Subcommittee on Emergency Preparedness, Response, and Communications, Congressman BILIRAKIS.

This bill amends the Homeland Security Act of 2002 to make it clear that grant funds under the State Homeland Security Grant Program and the Urban Area Security Initiative may be used to enhance medical preparedness and purchase medical countermeasures.

The grant guidance for these programs currently allows funds to be used for medical preparedness equipment and activities. This bill codifies those activities to ensure that they will continue to be allowable, and it will not cost any additional money to do so.

We have seen the benefits that grant funds, including those used for medical preparedness activities, have provided when it comes to response capabilities. This was clearly demonstrated in the response to the Boston Marathon bombings.

We know that the threat of a chemical or biological attack is real. We must ensure that our first responders have the tools and capabilities they need if such an event should occur.

As a result of this bill, grant funds could be used for items such as predeployed medical kits for first responders and their families, caches of equipment, training and exercises, and planning activities.

Identical language to H.R. 361 was approved by the Committee on Homeland Security last year by a bipartisan voice vote and passed the House by a vote of 391–2.

Mr. Speaker, as a pharmacist and someone whose coastal district lives under constant threat of hurricanes, floods, and other natural disasters, I know firsthand the benefits that these

types of equipment and activities can provide for our first responders and the citizens that they protect.

I urge Members to support this bill, and I reserve the balance of my time.

Mr. PAYNE. Mr. Speaker, I rise in strong support of H.R. 361, the Medical Preparedness Allowable Use Act, and I yield myself such time as I may consume.

Mr. Speaker, H.R. 361 would authorize grant recipients under the Homeland Security Grant or Urban Area Security Initiative Program to use funding to enhance medical preparedness and medical surge capacity.

Currently, the Federal Emergency Management Agency already permits grantees to use these funds for such purposes. However, enactment of this measure into law will give some predictability to the grant recipients as they struggle to build and maintain medical response capabilities at the State and local levels.

Over the course of the past year, our doctors, nurses, and emergency service personnel have responded to outbreaks of Ebola, measles, D68, and other contagious diseases.

Although none of these outbreaks were the result of bioterrorism, they nevertheless served as a reminder that medical preparedness is a critical component of our national preparedness.

I commend the gentleman from Florida for working with the Homeland Security Committee to make sure that medical preparedness continues to remain a priority at the Federal, State, and local level.

I would be remiss if I did not take this time and opportunity to express my support for the reauthorization of the Metropolitan Medical Response System, which would provide dedicated funds to medical preparedness activities.

I would also note that Members may be here today to discuss the use of grant funding, but overshadowing this debate is a more immediate obstacle to the effectiveness of DHS' grant programs: the fact that Congress has not passed a full-year funding for the Department of Homeland Security that the President can sign into law.

Mr. Speaker, I will place into the RECORD a Washington Post editorial piece entitled, “GOP holds security hostage to immigration.” It underscores the urgent need for gamesmanship over immigration to be put aside for the betterment of national security.

With respect to the measure before us today, I would note that, without funding, neither the Urban Area Security Initiative nor the State Homeland Security Grant Program will be working to build medical preparedness capabilities, or any other capability, at the State and local level.

Ask any first responder, and they will tell you: These grant programs are essential to building, maintaining, and exercising important preparedness capabilities.